Name in Full | Certificate of Death

William Pryor Armstrong

Died at Town: Crumpton County: Queen Anne MARYLAND

Date 1899 Month: March Day: 9 | Age Y.: 58 M.: 6 D.: 18 | Native of: Md | Occupation: Post Master

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Eliza B. Mulford

Father's Name John Armstrong Mother's Name Anna Armstrong

Cause of Death: Primary Typhoid Fever | How long sick 3 weeks

Immediate Colliquative Diarrhea & Failure heart | ~~Accident, Suicide, Homicide~~

Reported by F. N. Sheppard M.D.

Address Crumpton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Wm Pryor Armstrong

Died at Town: Crumpton County: Queen Anne's MARYLAND

Date 1899 Month: March Day: 10 | Age Y.: 58 M.: 6 D.: 18 | Native of: Md | Occupation: Postmaster

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: one

Husband ~~Wife~~ of: Eliza B. Mulford

Father's Name: John Armstrong | Mother's Name: Anna Armstrong

Cause of Death: Primary: Tuberculosis of bowels | How long sick: Several Weeks

Immediate: Exhaustion from Colliquative Diarrhea | ~~Accident, Suicide, Homicide~~

Reported by: F. N. Sheppard M.D.

Address: Crumpton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mrs Susie Bishop

Died at Near Town Wye Mills County Queen Anne MARYLAND

Date 189 9 Month 3 Day 5 Age Y. 28 M. D. Native of Md Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ Four

~~Husband~~ Wife of Edward Bishop deceased

Father's Name Warren Dudd Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonalis How long sick One year

Immediate Exhaustion. ~~Accident, Suicide, Homicide~~

Reported by Howard R. Hopkins.

Address Wye Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full Harriet Blake

Certificate of Death

Died ~~at~~ in Town County Queen Annie MARYLAND

Date 1894 Month 3 Day 18 Age Y. 67 M. D. Native of Md Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Chas Blake

Father's Name Mother's Name 97

Cause of Death Primary Chronic Nephritis How long sick 3 yrs

Immediate Uremia Accident, Suicide, Homicide

Reported by J. McDorstrau MD

Address Centreville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Ada Hartley Bowers

Died at Town: Near Crumpton | County: Queen Anne | MARYLAND

Date 1899 | Month: March | Day: 2nd | Age Y. 28. M. 8 D. 20 | Netive of: Q.A.Co. Md | Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of James Bowers

Father's Name: James H. Orem | Mother's Name: Sarah A Orem

Cause of Death:
- Primary: Puerpeal Peritonitis
- Immediate: Perforation of bowels, from acute Flatulent Colic

How long sick: about 5 weeks

~~Accident, Suicide, Homicide~~

Reported by: F. N. Sheppard M.D. 120

Address: Crumpton Md.

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Geo T Brooks

Certificate of Death

Town Centreville County Queen Anne

Died at near Centreville MARYLAND

Month Day Y. M. D.

Date 1894 3 9 Age 64 — — Native of Md Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living Some

Husband of ~~Wife~~ Martha T Brooks

Father's Name

Mother's Name 97

Cause of Death { Primary Chronic Nephritis

Immediate Dyspepsia

How long sick 5 yrs

Accident, Suicide, Homicide

Reported by J M Dorsey MD

Address Centreville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mrs J. E. Brown

Died at Town Hayden County Queen Anne MARYLAND

Date 1899 Month 3 Day 31 | Age Y. 28 M. – D. – | Native of Va | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband ~~Wife~~ of John E Brown

Father's Name

Mother's Name

22a

Cause of Death { Primary Tuberculosis How long sick 18 months

Immediate Exhaustion Accident, Suicide, Homicide

Reported by J M Corkran M D

Address Centreville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mary Elisabeth Coursey

Died at Town: Near Wye Mills | County: Queen Anne | MARYLAND

Date 189 9 | Month: 3 | Day: 9 | Age: Y. 75 M. D. | Native of: Md | Occupation: Housewife

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of children living: Two

~~Husband~~ Wife of: Perry Coursey, deceased.

Father's Name: — | Mother's Name: —

Cause of Death: Primary: Asthma 76 | How long sick: several years

Immediate: Heart failure | ~~Accident, Suicide, Homicide~~

Reported by: Howard R. Hopkins

Address: Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Perry Forman

Certificate of Death

Died at Town near Centreville County Q. A. Co MARYLAND

Date 1899 Month 8 Day 18 Age Y. 2 M. D. Native of Md. ~~Occupation~~

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm Forman

Mother's Name Lizzie Forman

Cause of Death: Primary Sick from birth 2 months How long sick

Immediate 140 ~~Accident, Suicide, Homicide~~

Reported by Dawson & Whitely

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Information gained
by Anna Forman
Grandmother

(No Dr.)

Name in Full

Certificate of Death

Arthur P. Gafford

Died at Town Haydn's County Queen Anne MARYLAND

Date 1899 Month 3 Day 19 | Age Y. 3 M. 2 D. - | Native of Md | Occupation Playing

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name L. Gafford

Mother's Name Sallie Gafford

Cause of Death: Primary Meningitis 39a

Immediate Compression

How long sick 3 days

Accident, Suicide, Homicide

Reported by J M Forkrand M D

Address Centreville

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069

Name in Full

Certificate of Death

John Thomas Harrison

Died at Town: Crumpton County: Queen Anne MARYLAND

Date 1899 Month: 3 Day: 30 | Age Y.: 65 M.: years D.: | Native of Md | Occupation Farmer Retired Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Sallie Walls

Father's Name Henry Harrison | Mother's Name Rachael Woodall

Cause of Death: Primary Apophexy 42 | How long sick ill 2 days

Immediate Hemmorhage of Brain | ~~Accident, Suicide, Homicide~~

Reported by J. N. Sheppard M.D.

Address Crumpton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Cora M Heath

Certificate of Death

Died at: Town: Brownsville County: Q A Co MARYLAND

Date 1899 Month: Mar Day: 20 Age Y. 16 M. D. Native of Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of [illegible]

Father's Name: W J Heath

Mother's Name: Julia A Heath

Cause of Death: Primary: Consumption

Immediate: exaustion

How long sick: 6 months

Accident, Suicide, Homicide

Reported by: W J Heath

Address: Dawson & Whitely

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

66

No Dir attendance

Name in Full | Certificate of Death

Infant Horney

Died at Near Town Carmichael County Queen Anne MARYLAND

Date 1899 Month 3 Day 13 Age Y. M. 8 D. Native of Md ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Saml Horney Jr Mother's Name 70

Cause of Death: Primary Chronic Bronchitis How long sick 3 months

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Howard R. Hopkins

Address Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Samuel Jones

Certificate of Death

Died at Town ~~[illegible]~~ County Talbot MARYLAND

Date 1899 Month March Day | Age Y. M. D. | Native of Talbot | Occupation Farm hand

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living five

Husband / Wife of Annie Stiley

Father's Name Unknown Mother's Name Unknown

Cause of Death: Primary Mitral incompetence 57 How long sick 2 years

Immediate Accident, Suicide, Homicide

Reported by Chas Corkery M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Henry Ludwig

Died at — Town: Stor — County: Queen Anne — MARYLAND

Date 1899 — Month: March — Day: 3rd — Age: Y. 30 M. D. — Native of: American — Occupation: Machinist

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — Number of children living

Husband of Wife: lower lobe was affected. He died in 24 hours after right

Father's Name: — Mother's Name: 72

Cause of Death — Primary: Acute Lobar Pneumonia — How long sick: 8 days

~~Immediate~~: a double Pneumonia Involvement of well lung causing

Accident, ~~Suicide, Homicide~~

Reported by: Robby Hackett M.D.

Address: Queen Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 659FB

Name in Full — Certificate of Death

Rachel Anne Queen

Died at — Town: Barclay — County: Q. Annes — MARYLAND

Date 1899 — Month: Mar. — Day: 13. — Age: Y. 23 M. D. — Native of: Md. — Occupation: House woman

~~Male~~ Female — ~~White~~ Colored — Married — ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living 5

~~Husband~~ Wife of James Queen

Father's Name: Henry Turner — Mother's Name: 220

Cause of Death — Primary: Consumption — How long sick: 5 months

Immediate — Accident, Suicide, Homicide

Reported by: Jas. Graham

Address: Ingleside Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 5585B

Name in Full Miss Caroline B. Roe

Certificate of Death

Died at Town Sudlersville County Queen Anne MARYLAND

Date 189 9 Month 3 Day 17 Age Y. 35 M. D. Native of Occupation School teacher

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Robt. H. M. Roe Mother's Name 161

Cause of Death Primary Gastric fever How long sick 15 weeks

Immediate Mellitis Accident, Suicide, Homicide

Reported by Centreville Observer

Address 3-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79696

Rev. J. M. Lindale

Indianola M. E. Ch.

Name In Full John Sudler

Certificate of Death

Died at Town Kent Island County Queen Anne's Co. MARYLAND

Date 1899 Month Mar. Day 21 | Age Y. 48 M. - D. - | Native of Kent Island | Occupation Farm hand

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 12

Husband ~~Wife~~ of Mary Johnson

Father's Name Benj. Sudler | Mother's Name Nancy Sudler

Cause of Death: Primary 161 | How long sick 2 months

Immediate | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Hugh A. Legg (Undertaker)

Address Kent Island Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70F08

Attended by Dr. ~~~~~

of _____

Seen by Coroner ~~~~~

of _____

Information received from Mary Sadler

of Kent Island.

Name in Full Henry Sway

Certificate of Death

Died at Town Kent Island County Queen Anne MARYLAND

Date 1899 Month March Day 22nd Age Y. 55 M. D. Native of Maryland Occupation Farmer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~ None

Husband of Wife

Father's Name Do not know Mother's Name Do not know

Cause of Death Primary Heart disease 57 How long sick Died Suddenly

Immediate " " Accident, Suicide, Homicide

Reported by Jno. H. Porter To Dr. J. P. Benton

Address Matapex Md. Kent Island Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full William H. Vane — Certificate of Death

Died at Town Starr — County Queen Anne's — MARYLAND

Date 1899 Month 3-10 Day — Age Y. 53 M. D. — Native of Carline Co. — Occupation

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number of children living 3

Husband of Wife → Miss Laura Vane

Father's Neme Emma Vane — Mother's Name

Cause of Death — Primery Pneumonia 72 — How long sick 10 days

Immediate — Accident, Sulcide, Homicide

Reported by Centrella Owens

Address

Must be signed by physicien, if eny in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79888

Rev. C. R. Morris,
Starr M. E. Ch.,

Name in Full Samuel Wilkins Jr. Certificate of Death

Died at Town Ford's Store County Q. A. Co MARYLAND

Date 189 Month 9 Day Mch 25 Age Y. 14 M. — D. — Native of Q.A. Co. Occupation Oysterman

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widowed~~ ~~Widower~~ ~~Divorced~~

Number of children living None

Husband / Wife of Leo body

Father's Name Jas. Wilkins Mother's Name Mary F. Wilkins

Cause of Death: Primary Impaction of Bowel — How long sick 9 days

Immediate Exhaustion 86

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by ~~Dr~~ Chas. F. Davidson

Address Queenstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Emly Woodland

Died at Town: Queen Anne County: " MARYLAND

Date 1899 — Month: 3 — Day: | Age Y. 63 M. D. | Native of 2a, Co | Occupation House work

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 3

Husband / Wife of

Father's Name

Mother's Name 161

Cause of Death: Primary: Found dead in morning

Immediate: after Having eat a hearty Supper

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by R W Eddins of Wright & Eddins

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068